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City of Gahanna Parks & Recreation Department Registration Form (Please Print Legibly)



Make check or money order payable to the City of Gahanna and mail to:
Gahanna Parks & Recreation Department, 200 S. Hamilton Rd, Gahanna, OH 43230

Adult Name (Parent or Guardian): Last _____ First _____

Address _____

City _____ State _____ Zip _____ E-mail _____

Day Phone _____ Night Phone _____ Emergency Phone _____

Participant Name	Birth Date	M/F	Program #						Section #	Program Title	Fee

Please bill my credit card (circle one): MC VISA _____
Name of Cardholder Account Number Exp. Date

For and in consideration of the opportunity to participate in the above described Gahanna Parks & Recreation Program, I, for myself, my heirs, executors, and administrators, acquit, discharge and covenant to hold harmless the City of Gahanna, its successors, its officers, employees, servants, and agents of and from any and all actions, claims, causes of actions, claims demands, damages, costs, loss of services, expenses and compensations, on or account of or in any way growing out of any and all personal injury or property damage which may result to me as a result of participant in the aforementioned activity. I/We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my child's name, both single and in conjunction with other persons or objects for any and all purposes, including, but not limited to, private or public presentations, advertising, publicity and promotions relating thereto.

____ I do not give my permission for photographs to be used.

Participant Signature (Parent/Guardian if participant is under 18)

Date